## **Application Data Sheet**

## **Application Information**

Application number::

Filing Date:: 10/21/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: An Internet Protocol Based 911 System

Attorney Docket Number:: CLEG:1000

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 2

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Monica

Middle Name:: Rose

Family Name:: Cleghorn

Name Suffix::

City of Residence:: Plano

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 7436 Breckenridge Drive

City of mailing address:: Plano

State or Province of mailing address:: TX

Country of mailing address:: US

Postal or Zip Code of mailing address:: 75025

## Correspondence Customer Number :: 34725 Name:: Street of mailing address:: City of mailing address:: State or Province of mailing address:: Country of mailing address:: Postal or Zip Code of mailing address:: Phone number:: Fax Number:

**Correspondence Information** 

E-Mail address::

Representative Information		
Representative Customer Number::	34725	

-OR-

Representative Designation::	Registration Number::	Representative Name::

Domestic Priority Information				
Application ::			Parent	Parent
This Application			Application:: 60/441,632	Filing Date:: 1/21/03
This Application	14011-1 1041310			1/2 1/03
			-	
Foreign Priority Information				
Country::	Application number::		Filing Date::	Priority
				Claimed::
				, , , , , , , , , , , , , , , , , , ,
		<u>.</u> .		
Assignee Information				
Assignee name::				
Street of mailing address::			, , , , , , , , , , , , , , , , , , , ,	
City of mailing address::				
State or Province of mailing addre	ess::	<del></del>		
Country of mailing address::			,	
Postal or Zip Code of mailing add	ress::			